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SERIAL NUMBER 10/711,969	FILING OR 371(c) DATE 10/15/2004 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. T103 1580.1
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**** CONTINUING DATA *******

This appln claims benefit of 60/511,697 10/15/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 72	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Not after				
Verified and Acknowledged	Allowable <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

26158

TITLE

PHARMACEUTICAL COMPOSITIONS AND METHODS FOR RELIEVING PAIN AND TREATING CENTRAL NERVOUS SYSTEM DISORDERS

FILING FEE RECEIVED 1856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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